

Combe Coastal Practice

Quality Report

Combe Coastal Practice
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Date of inspection visit: 26 September 2017

Date of publication: 23/10/2017

This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this service

Good



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Combe Coastal Practice on 26 September 2017. Overall the practice is rated as good.

Our key findings across all the areas we inspected were as follows:

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
- The practice had clearly defined and embedded systems to minimise risks to patient safety.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Results from the national GP patient survey showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients we spoke with said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.
- In an effort to reach patients who did not attend the practice frequently, the practice had a website, a social media Facebook page, a regular newsletter and frequent articles published in local community publications in this predominantly rural area which promoted the services the practice offered.
- The practice hosted services such as retinopathy screening and abdominal aortic aneurism (AAA) screening so patients could access these services locally and avoid having to travel long distances for these services.

Summary of findings

- The practice was working to build effective partnerships with community groups. They currently had district nurses and midwives co-located and had recently co-located the AIPT (Adult Improving Access to Psychological Therapies) talking therapy health service.
- The practice had participated in the 'Perfect Week'. This was a project which was delivered in partnership with North Devon NHS Trust and South West Ambulance Service Foundation Trust (SWASFT) in May 2017. It involved the provision of a paramedic and an

urgent care nurse attending the practice with the use of a SWASFT response vehicle. These staff visited local nursing homes to support practice patients, together with responding to urgent response calls. This pilot was ongoing and had so far proved effective in working across the large geographical area and helped clinical staff to implement plans for patients to avoid unnecessary trips to hospital and possible admissions.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- From the sample of documented examples we reviewed, we found there was an effective system for reporting and recording significant events; lessons were shared to make sure action was taken to improve safety in the practice. When things went wrong patients were informed as soon as practicable, received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices to minimise risks to patient safety.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had adequate arrangements to respond to emergencies and major incidents.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average compared to the national average.
- Staff were aware of current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- End of life care was coordinated with other services involved.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Survey information we reviewed showed that patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

Summary of findings

- Information for patients about the services available was accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice identified military veterans in line with the Armed Forces Covenant 2014. This enabled priority access to secondary care to be provided to those patients with conditions arising from their service to their country. The practice policy had been reviewed in May 2017.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- The practice understood its population profile and had used this understanding to meet the needs of its population. Five GPs had been trained in supporting patients experiencing substance misuse, which was high in this area.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- Patients we spoke with said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and evidence from four examples reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- The practice offered a same day appointment service according to medical need.

Are services well-led?

The practice is rated as good for being well-led.

Good



- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice manager was supported by three deputies. The practice had policies and procedures to govern activity and held regular governance meetings.
- An overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.

Summary of findings

- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- The provider was aware of the requirements of the duty of candour. In four examples we reviewed we saw evidence the practice complied with these requirements.
- The partners encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with the patient participation group.
- There was a focus on continuous learning and improvement at all levels. Staff training was a priority and was built into staff rotas.
- GPs who were skilled in specialist areas used their expertise to offer additional services to patients.

Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

Good



The practice is rated as good for the care of older people.

- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice maintained an end of life register. District nurses were co-located at the practice which led to effective communication with practice GPs for urgent issues. Messaging to the complex care team based at the local Tyrrell hospital in Ilfracombe was also very prompt. Practice GPs met with the district nurses, community matrons and the hospice specialist nurse every four weeks, to review all patients on the end of life register and any patients on the vulnerable register with particular issues as well as patients with complex needs cared for in their own homes. The practice informed the out of hours GP service about these patients via the computerised Adastra system.
- The practice held regular Gold Standard Framework (GSF) meetings as a whole practice in a learning and support environment. This meeting was multi-disciplinary and included district nurses, community teams, rapid Intervention and North Devon Hospice representatives. This provided and integrated approach to end of life care.
- Supported by North Devon Healthcare Trust and South West Ambulance Service Foundation Trust, the practice deployed a paramedic team regularly to local residential care homes for home visits, this provided prompt and consistent care for patients.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Where older patients had complex needs, the practice shared summary care records with local care services. Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible.
- For example, in the last 6 months the practice had updated its systems to ensure that the Frailty Index was applied across all

Summary of findings

patients aged 65+ years. The number of patients in this age group graded as moderately frail was 324 and 44 were severely frail. GP's were tasked with ensuring annual medication reviews were in place, consent for activation of summary care records was gained and attention was paid to recording falls.

People with long term conditions

The practice is rated as good for the care of people with long-term conditions.

- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was similar to the clinical commissioning group (CCG) and national averages. For example, 91% of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) was within a safe range, compared with the CCG average of 81% and the national average of 80%.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.
- All these patients had a named GP and there was a system to recall patients for a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- One practice nurse team leader was a specialist diabetic nurse, with a high level of skill that enabled them to manage complex patients. Trained in conversation mapping techniques, this member of staff provided courses for newly diagnosed patients with diabetes to help them to understand their condition and how they manage themselves, in order to reduce the impact in the future. The specialist nurse also provided home visits for diabetic patients who were housebound to ensure they received the same level of care as more mobile patients.

Good



Families, children and young people

The practice is rated as good for the care of families, children and young people.

Good



Summary of findings

- From the sample of documented examples we reviewed we found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- Midwives based in the practice offered expectant mothers their ante-natal appointments in the practice. Midwives used the practice clinical system for recording notes to enable joined-up working.
- The practice offered single appointments for new mothers and babies with their own GP for their post-natal and also their baby's first development check. Providing the baby was well, they could then receive their first immunisations straight afterwards, without the inconvenience of multiple appointments.
- The practice had a baby-changing room and offered mothers the opportunity to breast feed their babies in a private room if required.
- The practice offered influenza vaccinations to children as part of the national programme. The practice had made this service family-friendly by launching its campaign during the half term holiday, then continuing it by offering appointments after school hours.
- The practice provided a range of women's health services, including the fitting and removal of coils and contraceptive implants, other contraceptive services and smear tests.
- The practice offered a text reminder service (MJOG) which sent a reminder the day before any booked appointment. The practice found this an effective way to engage with younger patients to ensure they attended appointments.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us, on the day of inspection, that children and young people were treated in an age-appropriate way and were recognised as individuals.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- In the provision of ante-natal, post-natal and child health surveillance clinics the practice liaised with midwives who were based at the practice, as well as health visitors and school nurses.
- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications. There was a flowchart at reception to help receptionists identify acutely ill children and prioritise their appointments.

Summary of findings

Working age people (including those recently retired and students)

Good



The practice is rated as good for the care of working age people (including those recently retired and students).

- The needs of these populations had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care, for example, extended opening hours.
- The practice had introduced a Facebook social media page which provided health information such as details of clinics to patients.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group. The practice, in consultation with its patient participation group (PPG), had improved its website by making it more visual and easier to navigate for patients.

People whose circumstances may make them vulnerable

Good



The practice is rated as good for the care of people whose circumstances may make them vulnerable.

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. The practice held a register of 70 patients with learning disabilities.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- GPs had access to support services for patients with alcohol and drug misuse issues through RISE (Recovery Intervention Services). In addition, five practice GPs had been trained to take on the shared care of prescribing of methadone, which ensured that patients could access this service at the practice.

Summary of findings

People experiencing poor mental health (including people with dementia)

Good



The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

- The practice carried out advance care planning for patients living with dementia.
- 95% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was higher than the clinical commissioning group (CCG) average of 87% and the national average of 84%.
- The practice specifically considered the physical health needs of patients with poor mental health and dementia. The practice had invited a dementia specialist to a training event to help staff engage with patients diagnosed with dementia.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- Performance for mental health related indicators was similar to the clinical commissioning group (CCG) and national averages. For example, 98% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in their record, compared to the CCG average of 87% and the national average of 89%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- Patients at risk of dementia were identified and offered an assessment.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations. There was a local Depression and Anxiety Service (DAS) in North Devon to which patients could self-refer or be referred by their GP.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and dementia.
- The practice had recently provided a room at the practice on a weekly basis for the AIPT (Adult Improving Access to Psychological Therapies) talking therapy health service so patients could access this service locally.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2017. The results showed the practice was performing in line with local and national averages. 218 survey forms were distributed and 110 were returned. This represented 0.6% of the practice's patient list.

- 86% of patients described the overall experience of this GP practice as good compared with the clinical commissioning group (CCG) average of 90% and the national average of 85%.
- 82% of patients described their experience of making an appointment as good compared with the CCG average of 83% and the national average of 73%.

- 87% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received one comment card which was positive about the standard of care received.

We spoke with six patients during the inspection. All six patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

Results from the NHS Friends and Family survey from September 2016 to September 2017 showed that of 996 responses, 96% of those would recommend or strongly recommend the service.

Combe Coastal Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector.
The team included a GP specialist adviser.

Background to Combe Coastal Practice

Combe Coastal Practice is located on the North Devon coast and cares for approximately 18,500 patients. The practice has three locations; Ilfracombe, Combe Martin and Woolacombe and covers approximately 80 square miles in this rural coastal area. Temporary patient numbers significantly increase the patient list size during the summer months.

The practice population is in the fourth more deprived decile for deprivation. In a score of one to ten the lower the decile the more deprived an area is. There is a practice age distribution of male and female patients equivalent to national average figures. Average life expectancy for the area is comparable to national figures with males living to an average age of 77 years and females to 82 years.

The practice has 13 GP partners, six are female and seven male. Between them they provide 89 GP sessions each week and are equivalent to 10 whole time employees (WTE). The practice also employed one retained GP. The GPs are supported by a nurse prescriber, eight practice nurses, four health care assistants (HCAs) and two phlebotomists. The practice has a practice manager, three deputy managers and 24 administrative and reception staff.

The practice's main location, Combe Coastal practice is open between 8.30am until 6pm between Monday and Friday. Appointments are available between those times. Extended appointments are available Monday and Tuesday 6pm until 7.30pm.

The branch practice at Combe Martin is open every Monday, Tuesday, Thursday and Friday between 8.30am and 12.30pm and 2pm and 6pm and every Wednesday between 8.30am and 12.30pm. Extended appointments are available on a Monday 6pm until 7.30pm.

The branch practice at Woolacombe is open between 8.30am until 11.30am on Monday, Wednesday, Thursday and Friday.

At the weekends and when the practice is closed, patients are directed to out of hours services by phoning 111.

The practice is a training practice and a teaching practice.

The main location is located at:

Combe Coastal Practice

The Medical Centre,

Ilfracombe,

Devon

EX34 8EG

The branch locations are located at:

Combe Martin Surgery,

Castle Street

Combe Martin

Devon

EX34 0JA

and;

Detailed findings

Woolacombe Surgery

Beach Road ,

Woolacombe,

Devon,

EX34 7BT

During this comprehensive inspection we visited Combe Coastal Practice. We did not visit Combe Martin Surgery or Woolacombe Surgery.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations including Healthwatch, to share what they knew. We carried out an announced visit on 26 September 2017. During our visit we:

- Spoke with a range of staff including four GPs, two nurses, a paramedic, the practice manager and two deputy managers, two administration staff and spoke with six patients who used the service.

- Observed how patients were being cared for in the reception area and talked with carers and/or family members
- Reviewed a sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Looked at information the practice used to deliver care and treatment plans.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

- older people.
- people with long-term conditions.
- families, children and young people.
- working age people (including those recently retired and students).
- people whose circumstances may make them vulnerable.
- people experiencing poor mental health (including people living with dementia).

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Are services safe?

Our findings

Safe track record and learning

There was a system for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- From the sample of five documented examples in the last 12 months we reviewed, we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received appropriate support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- For example, an incident occurred where a patient had received a cancer diagnosis, after seeing different GPs at the practice. The practice identified there was a delay in making the diagnosis and may be a concern for continuity of care. The practice investigated the incident and found that each GP had followed the correct protocol. Shared learning had taken place. This included findings that if the same GP had been seen on every occasion, it may have resulted in a slightly swifter cancer diagnosis. Systems were put in place to support continuity of treatment.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. The practice carried out a thorough analysis of the significant events.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, the clinical commissioning group (CCG), North Devon Hospital Trust and South West Ambulance Foundation Trust provided two paramedics to the practice in order to improve patient safety through higher continuity of care. These paramedics visited local nursing homes to support practice patients, together with responding to urgent response calls. Initially, the residential care home patients preferred to see their GP.

After some months the patient's reported that they now preferred to see the paramedics. The practice ensured there was close liaison between the practice GPs and paramedics by ensuring they met on a daily basis.

- The practice also monitored trends in significant events and evaluated any action taken.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. From the sample of four documented examples we reviewed we found that the GPs attended safeguarding meetings when possible or provided reports where necessary for other agencies.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three. Nurses had been trained to level two safeguarding training.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). It was the practice's policy that every member of staff received a DBS check.

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place.
- A practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had

Are services safe?

received up to date training. Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. Spill kits had been brought in as result of an audit on 25 September 2017.

- A certificate displayed in the patient waiting area informed patients that the practice had received an infection prevention control risk assessment from a professional contractor in October 2016.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- There were processes for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were signed before being issued to patients and there was a reliable process to ensure this occurred. The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems to monitor their use. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for clinical conditions within their expertise. They received mentorship and support from the medical staff for this extended role, including a fortnightly supervision session with GPs. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures to manage them safely. There were also arrangements for the destruction of controlled drugs.

We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available.
- The practice had an up to date fire risk assessment and carried out regular fire drills. The most recent one was September 2017. The local fire service had attended to support the practice. Shared learning had taken place. This included use of all available exits, ensuring the fire plan information pack was removed from the building in the event of a fire and provided to the attending emergency services, and the consideration of evacuation, or safe refuge, for patients with low mobility.
- There were designated fire marshals within the practice and a fire evacuation plan which staff utilised during the drill. The practice carried out annual fire drills and weekly fire alarm tests.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.

Are services safe?

- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan for major incidents such as power failure or

building damage. This included members of staff sleeping at guest houses near the main location in the event of heavy snow. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 99% of the total number of points available compared with the clinical commissioning group (CCG) average of 96% and national average of 95%.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015-2016 showed:

- Performance for diabetes related indicators was above the CCG and national averages. For example, the number of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) was within a safe range was 91%, compared with the CCG average of 81% and the national average of 80%.

Performance for mental health related indicators was above the CCG and national averages. For example 98% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in their record, compared to the CCG average of 87% and the national average of 89%.

There was evidence of quality improvement including clinical audit:

- There had been eight clinical audits commenced in the last two years, all of these were completed audits where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, a minor surgery complete cycle audit had been completed annually for the last two years. In May 2017 this had examined 53 cases. These included cases of skin lesion removals, cyst excisions, low risk skin cancer patch removals and ingrowing toenails. The audit had checked whether written consent had been obtained, whether any post operation infections had occurred, and whether any written complaints had been made. Findings of the audit were positive. Written consent had been obtained for all cases, no infections had occurred and no complaints had been made. Only one patient had post-operation complications which was an inflammation of their wound. Outcomes from the audit included the recommendation that other practice GPs refer more cases to the practice minor surgery specialist GP, to help patients avoid the inconvenience of attending hospital.

Information about patients' outcomes was used to make improvements. For example in February 2017 a complete cycle audit had been undertaken of patients on high dosage of opiates, to review their cases and offer alternative treatments or dosage reduction. 27 out of 30 patients had been reviewed. Of the remaining three, one had died, one moved away and one declined engagement with the audit. Findings of the audit enabled 14 out of the 27 patients to reduce their dosages, and a further six agreed to consider reducing their dosage. This audit provided evidence of quality improvement activity to reduce the harmful effects of addiction upon patients.

Effective staffing

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, training for those nurses reviewing patients with long-term conditions.

Are services effective?

(for example, treatment is effective)

- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice manager was the Caldicott Guardian and had undertaken training in this area. All final decisions on data protection came through the practice manager.
- From the sample of two documented examples we reviewed we found that the practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Information was shared between services, with patients'

consent, using a shared care record. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances. The practice complied with the gold standard framework (GSF) for end of life care.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to relevant services. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and substance misuse, depression and anxiety, housing benefits, taxes, sexual abuse, bereavement and domestic violence. The practice housed an employee from Devon Partnership Trust every Friday who sign-posted patients to the services listed above.

The practice's uptake for the cervical screening programme was 80%, which was comparable with the CCG average of 82% and the national average of 81%.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates

Are services effective?

(for example, treatment is effective)

for the vaccines given were comparable to CCG/national averages. For example, rates for the vaccines given to under two year olds ranged from 93% to 100% and five year olds from 96% to 99%.

There was a policy to offer telephone or written reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national

screening programmes for bowel and breast cancer. There were failsafe systems to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

During our inspection we observed that members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patients could be treated by a clinician of the same sex.

All of the patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with six patients including three members of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 95% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 93% and the national average of 91%.
- 93% of patients said the GP gave them enough time compared to the CCG average of 90% and the national average of 97%.
- 97% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and the national average of 92%.
- 88% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.

- 95% of patients said the nurse was good at listening to them compared with the CCG average of 93% and the national average of 91%.
- 92% of patients said the nurse gave them enough time compared with the CCG average of 94% and the national average of 92%.
- 96% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 98% and the national average of 97%.
- 92% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 93% of patients said they found the receptionists at the practice helpful compared with the CCG average of 91% and the national average of 87%.

The views of external stakeholders were positive and in line with our findings. During our inspection we spoke with external stakeholders including the paramedic and urgent care nurse provided by North Devon Health Care Trust and South West Ambulance Service Foundation Trust. We also spoke with town council representatives from the local "One Ilfracombe Living Well Group" who worked with the practice on social inclusion and wellbeing to improve local people's health. This partnership had offered opportunities to build effective local initiatives such as an exercise on prescription model being implemented with a local gym and swimming pool.

Other partnership work with Devon Partnership Trust mental health and community police teams had been successful in safeguarding some of the most vulnerable patients at points of crisis. This had also proved useful in strengthening the practice management of violent, aggressive and challenging patients.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

Are services caring?

Children and young people were treated in an age-appropriate way and recognised as individuals. For example in the provision of social media access to health services such as a dedicated Facebook page and updated website.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

- 94% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 90% and the national average of 86%.
- 87% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 92% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 92% and the national average of 90%.
- 89% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available. Patients were also told about multi-lingual staff who might be able to support them.
- Information leaflets were available in easy read format.
- The Choose and Book service was used with patients as appropriate. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 383 patients as carers (about 2% of the practice list). Written information was available to direct carers to the various avenues of support available to them. Older carers were offered timely and appropriate support. The practice offered carers health and wellbeing checks through a local provider, with appropriate feedback to their GP.

A member of staff acted as a carers' champion to help ensure that the various services supporting carers were coordinated and effective.

Staff told us that if families had experienced bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and by giving them advice on how to find a support service.

The practice identified military veterans in line with the Armed Forces Covenant 2014. This enabled priority access to secondary care to be provided to those patients with conditions arising from their service to their country. The practice policy had been reviewed in May 2017.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population:

- The practice offered extended hours from Combe Coastal in Ilfracombe and the Combe Martin location on a Monday from 6pm until 7.30pm, aimed at working patients who could not attend during normal opening hours.
- The practice had installed a self-check-in screen to avoid queues at reception.
- There were raised seats with arms for those with reduced mobility in waiting areas.
- Different communication methods were available in line with the NHS England Accessible Information Standard to ensure that patients received information in formats they could understand and received appropriate support to help them to communicate. For example, the practice had large font and braille leaflets, electronic media screens which provided patient information and resources, a portable hearing aid induction loop and access to language line interpreter services.
- In an effort to reach patients who did not attend the practice frequently, the practice had a website, a social media Facebook page, a regular newsletter and frequent articles were published in local community publications in this predominantly rural area to promote the services offered by the practice.
- The practice used a range of communication methods including letters, texting services, land line messaging via a computer system called M-JOG and direct telephone calls.
- The practice offered a prescription collection service to all of its local pharmacies.
- The practice facilitated hosted services such as retinopathy screening and abdominal aortic aneurism (AAA) screening in the practice so that patients could access these services locally and avoid patients having to travel.
- The practice was working to build effective partnerships with community groups. They currently had district nurses and midwives co-located and had recently co-located the AIPT (Adult Improving Access to Psychological Therapies) talking health service.
- The practice offered a same day appointment service according to clinical need.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice sent text message reminders of appointments and test results.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately.
- There were accessible facilities, which included a hearing loop, and interpretation services available.
- The practice had a lift to provide access to the first floor. The first floor included a minor surgery operations room and four consultation rooms.
- The practice provided a baby changing facility, private room for breastfeeding if required and a dedicated children's play area.
- Other reasonable adjustments were made and action was taken to remove barriers when patients find it hard to use or access services.

Access to the service

The practice's main location, Combe Coastal practice was open between 8.30am until 6pm between Monday and Friday. Appointments were available between those times. Extended appointments were available Monday and Tuesday 6pm until 7.30pm. Between 8am and 8.30am the telephones were answered by the out of hour's service.

The branch practice at Combe Martin was open every Monday, Tuesday, Thursday and Friday between 8.30am and 12.30pm and 2pm and 6pm and every Wednesday between 8.30am and 12.30pm. Extended appointments were available on a Monday 6pm until 7.30pm.

The branch practice at Woolacombe was open between 8.30am until 11.30am on Monday, Wednesday, Thursday and Friday.

Are services responsive to people's needs?

(for example, to feedback?)

The branch practice at Woolacombe was open between 8.30am until 11.30am between Monday until Friday.

At the weekends and when the practice was closed, patients were directed to out of hours services by phoning the NHS 111 service.

In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for patients that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages.

- 97% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 94% and the national average of 92%.
- 73% of patients said they could get through easily to the practice by phone compared to the national average of 73%.
- 77% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 85% and the national average of 76%.
- 97% of patients said their last appointment was convenient compared with the CCG average of 95% and the national average of 92%.
- 82% of patients described their experience of making an appointment as good compared with the CCG average of 82% and the national average of 93%.
- 67% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 69% and the national average of 66%.

Patients told us on the day of the inspection that they were able to get appointments when they needed them.

The practice had a system to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

This was done by holding a clinical meeting at 11.30 am every morning at which all same day cases were reviewed and further actions such as home visits agreed based on clinical need. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice; this was one of the deputy practice managers. Complaint resolutions were also overseen by the practice manager.
- We saw that information was available to help patients understand the complaints system. Leaflets were available in the waiting area explaining how to make a complaint should a patient wish to do so.

We looked at 15 complaints received in the last 12 months and found these had been satisfactorily handled, dealt with in a timely way with openness and transparency. Lessons were learned from individual concerns and complaints and also from analysis of trends and action was taken as a result to improve the quality of care. There was a lead deputy practice manager for complaints. One example we looked at included a complaint where a patient had died. The patient's family received mixed information from the hospital and undertaker that the GP would wait at the undertaker's until the death certificate could be signed off, which was incorrect. The practice manager met with the family on a face to face basis and explained the process in place, which included a GP attending the undertaker's before 5pm the same day. The patient's family were satisfied with the outcome.

Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a clear strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. The practice manager was supported by three deputy managers. GPs and nurses had lead roles in key areas. There was a lead GP for safeguarding, prescribing, chronic disease, and a lead GP to support the nursing team.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- A comprehensive understanding of the performance of the practice was maintained. Practice meetings were held monthly which provided an opportunity for staff to learn about the performance of the practice.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care.

They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. From the sample of two documented examples we reviewed we found that the practice had systems to ensure that when things went wrong with care and treatment:

- The practice gave affected reasonable support, truthful information and a verbal and written apology.
- The practice kept written records of verbal interactions as well as written correspondence.

There was a clear leadership structure and staff felt supported by management.

- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. We noted team away days were held every 12 months. Minutes were comprehensive and were available for practice staff to view.
- A team away day had been held recently in May 2017 which had looked at the values and future direction of the practice. The practice had merged with another practice in April 2016 and this had been successful with no staff leaving as a result of the merger.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

Seeking and acting on feedback from patients, the public and staff

The practice encouraged and valued feedback from patients and staff. It proactively sought feedback from:

- Patients through the patient participation group (PPG) and through surveys and complaints received. The PPG comprised approximately 20 registered members who met quarterly and submitted proposals for improvements to the practice management team. The practice consulted with the PPG on key issues. For example, the recent successful merger in September 2016, the website and Facebook updates on flu clinics, the introduction of paramedics at the practice. PPG meetings were attended by a GP and a member of the practice management team.
- The PPG placed health related articles in local parish magazines which were distributed in the villages of this rural coastal area, such as dates of flu clinics.
- The practice provided space on the website and on Facebook to the PPG to help them broadcast relevant information to patients, such as future meetings and events.
- The NHS Friends and Family test, complaints and compliments received.
- Staff through an annual staff survey, through staff away days and generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run. For example, the staff had suggested changes to clinical correspondence. GPs previously received a great deal of unnecessary emails. The receptionists suggested that only clinical correspondence goes to GPs. This was successfully implemented, reducing impact on GP time.
- The staff suggested the introduction of a buddy scheme, so that if a GP was absent they had a buddy GP who had knowledge of the other GP's patient list. Patients had provided feedback that they were pleased with this scheme.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area.

The practice implemented a GP buddying system designed to support patient continuity of care but also to triage patients through health navigation pathways. When a GP was absent because they were part-time or on leave, their patients were offered an appointment with the buddy GP.

The practice had a history of being a training practice and continued to build on that reputation by hosting trainees, medical students, community weeks, trainee nurses and apprentices from the local Petroc College.

The practice had participated in the 'Perfect Week'. This was a project which was delivered in partnership with North Devon NHS Trust and South West Ambulance Service Foundation Trust (SWASFT) in May 2017. It involved the provision of a paramedic and an urgent care nurse to the practice with the use of a SWASFT response vehicle. These staff visited local nursing homes to support practice patients, together with responding to urgent response calls. This pilot was ongoing and had so far proved effective in working across the large geographical area and helped clinical staff to implement plans for patients to avoid unnecessary trips to hospital and possible admissions.

The local clinical commissioning group (CCG) had also provided the practice with laptops in order to work remotely during home visits by GPs and the paramedic. This took into consideration the need to be as agile and responsive as possible. The laptops linked directly to the normal computer system used by this practice and neighbouring practices (SystmOne), enabling appropriate sharing and updating of information to ensure the best care and treatment for patients.